

No. 2  
-2-43  
17-39  
X35697

FILED JUN 9 1944

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 4188

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Oversville Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Her Residence  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 9 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade?  
(c) City or town Oversville Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Minnie Rohlberg

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased July 1878  
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 14  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Seneca Ga (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housekeeper

12. Name Ted Guise

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Louisa Reep

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant John Rohlberg

(b) Address Oversville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Seneca Ga

18. (a) Signature of funeral director: Bernard Blumner

(b) Address Burns, Mo

19. (a) May 29, 1944 (Date received local registrar) (b) Myrtle M. Winkler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th year 1944 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 22nd, 1944 to May 29th, 1944 that I last saw her alive on May 28, 1944 and that death occurred on the date and hour stated above

Immediate cause of death myocarditis

Due to Cerebral Hemorrhage

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 9321

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. H. Bradley (M. D. or other) Mo  
Address Oversville Mo Date signed 5-29-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 6-8-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, on \_\_\_\_\_

Registered Apprentice No. 528

working under my personal supervision.

Signed Harman Blinn

Licensed Embalmer No. 528

P. O. Address Berger Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.